

Incorporated Village of Port Jefferson

Fire Prevention Bureau

88 North Country Road

Port Jefferson, New York 11777

Phone: 631-473-4744 Fax: 631-473-2049

Date _____

Section _____ Block _____ Lot _____

APPLICATION FOR FIREWORKS PERMIT

To _____

From (Applicant Print Name) _____

Application is hereby made by the undersigned for a permit to

Display Fireworks on (Date and Time) _____

On the Premises Known as: _____

Street Address _____

Fee (Make check payable to Inc. Village of Port Jefferson) \$400.00

Conditions, surroundings and arrangements to be in accordance with the Code of the Village of Port Jefferson, Section 139 (Fire Prevention Code) and any other sections that may apply. Applicable Federal, State, County, and Town Codes and NFPA Standards shall apply.

REQUEST SHALL BE MADE, IN WRITING, TO THE CHIEF OF THE PORT JEFFERSON FIRE DEPARTMENT, 115 MAPLE PLACE, PORT JEFFERSON N.Y. 11777 FOR APPROPRIATE STAND-BY EQUIPMENT.

Signature of Applicant

Application Approved / Disapproved
_____ Board of Trustees

This Site is _____ Approved
_____ Fire Marshal
_____ Date